MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028834 STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 372

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED AUG 8 1963

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence
Length of stay in 1b: 60 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Sanit. & Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1617 S. Pollard
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ALMA Middle C. Last MARTIN
4. DATE OF DEATH: Month Aug. Day 3, Year 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 6-27-1892
9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Harden, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William R. Smith
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Clarence E. Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of serv
16. SOCIAL SECURITY NO.
17. INFORMANT: Clarence E. Martin Address 3709 S. Crane Indep. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Mesenteric thrombosis with infarction of small bowel.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Recurrent carcinoma of endometrium.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 32 hours / Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/1/63 to 8/3/63 and last saw her/him alive on 8/2/63
Death occurred at 1:00 a.m./p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H W Kearnes MD
22b. ADDRESS: 10901 Winnis Road, Independence
22c. DATE SIGNED: 8/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-6-63
23c. NAME OF CEMETERY OR CREMATORY: Mound Grove
23d. LOCATION (City, town, or county) (State): Independence Mo.

24. FUNERAL DIRECTOR ADDRESS: Roland R. Speaks Indep. Mo.
25. DATE RECD. BY LOCAL REG.: 8-5-63
26. REGISTRAR'S SIGNATURE: Alba L. Crary

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	7005		
2	7005		
3			
4	1		
5	2		
6			
7	0		
8	2		
9	172X		
10			
11			
12	1-0		
13	1-0		

USE BLACK INK OR TYPEWRITER RIBBON

AUG 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Alan D. Lindsey

Licensed Embalmer No. 5798

P. O. Address Sedalia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.